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APPLICANTS

Shlomo Ben-Haim, Cessaria, ISRAEL;
 Nissim Darvish, Haifa, ISRAEL;
 Yuval Mika, Zichron Yaakov, ISRAEL;
 Benny Rousso, Rishen Lezion, ISRAEL;
 Bella Felzen, Haifa, ISRAEL;
 Andre Routh, Lake Jackson, TX;

**** CONTINUING DATA *******

This application is a 371 of PCT/IL00/00302 05/25/2000
 which claims benefit of 60/136,092 05/26/1999

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	ISRAEL	10	85	6

ADDRESS

William H. Dippert
 Eckert Seamans Cherin & Mellott, LLC
 U.S. Steel Tower
 600 Grant Street, 44th Floor
 Pittsburgh, PA 15219
 UNITED STATES

TITLE

Shockless defibrillation

FILING FEE RECEIVED 2262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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